UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT	For New Members,	FORM B APR 1 Candidates, and New Employees LEGISLATIVE	APR 1 1 2018 Page 1 of
Name SAY HENRY John SANDA	SHUDAII Baytime Telephone	18 APR	18 APR 18 PM 1: 29
New Member of or Candidate for State:	M/MA Chec	tk if	Office Use Only)
New Officer or Employee Employing Office:	Staff Filer Type (If Applicable): Shared Principal Assistant toto	January 1,	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER EACH OF THESE	H OF THESE QUESTIONS		
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Receive more than \$200 in unearmed income from any reportable asset during the reporting period?	Yes No E. Did you hold any ruperiod or in the current	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No F. Did you have any routside entity during the desired by t	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No X
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No J. Did you receive comparing single source in the current single source in the current single source.	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes No
ATTACH THE C THIS FORM INCLUDES ON	ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	U ANSWER "YES" E REQUIRED TO COMPLETE	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BO	UST INFORMATION - ANSWER B	OTH OF THESE QUESTIONS	
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	nmittee on Ethics and certain other "excepted trusts" r	need not be disclosed. Have you excluded	Yes No No
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	amed" income, or liabilities of a spouse or dependent Committee on Ethics.	t child because they meet all three tests for	Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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누尺똥 For an ownership interest in a privately-held busine that is not publicly traded, state the name of i business, the nature of its activities, and geographic location in Block A. For rental and other real property held for investment provide a complete address or description, e.g. "rental property," and a city and state. For bank and other cash accounts, total the amount in interest-bearing accounts. If the total is own \$5,000, liet every financial institution where there more than \$1,000 in interest-bearing accounts. Provide complete names of stocks and mutual funds (do not use only ticker symbols). or all IRAs and other retirement plans to fine and other retirement plans to for each ass roduction of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income or a detailed discussion of Schedule A requirement exclude: Your personal residence, including secon tomes and vacation homes (unless there was rent he account that exceeds the reporting thresholds. ease refer to the instruction booklet you so choose, you may indicate that an assucome source is that of your spouse (SP spendent child (DC), or jointly held with anyone you have a privately-traded fund that is an Excepte vestment Fund, please check the "EIF" box. stirement program, including the Thrift Savings Plan the optional column on the far left. Assets and/or Income Sources generated during the reporting period); and any finance in or income derived from, a feder Examples (a) each asset held for investment provide the value for each asset held more than Simon & Schuster NBC Hedge Fund Aega Corp Stock BLOCK A \$200 3 uneame (such (SP) Š 굒 익 Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. None > Column M is for assets held by your spouse or depende Se "None." child in which you have no interest f an asset was sold during the reporting period and is neluded only because it generated income, the value should \$1-\$1,000 œ \$1,001-\$15,000 O \$15,001-\$50-000 o × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 'n BLOCK B × \$250,001-\$500,000 ଜ \$500,001-\$1,000,000 Ŧ \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 \$25,000,001-\$50,000,000 $\overline{}$ Over \$50,000,000 -Spouse/DC Asset over \$1,000,000* Z 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, is interest, and capital gains, even if uid interest, and capital gains even if to assets held in taxable accounts. Check ent "None" if the asset generated no income Check all columns that apply. For accounts that generate tax-deferred income (such as NONE during the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Partnershij Income Royalties Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. assets indicate the category of income by checking the appropriate box below. Dividends, in capital gains, even if reinvested, must be disclosed as income for assets held in taxable Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest \$1-\$200 × = \$201-\$1,000 ≡ ~ \$1,001-\$2,500 **Current Year** × \$2,501-\$5,000 < ≤ × \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 묫 \$1,000,001-\$5,000,000 Amount of Income × × Over \$5,000,000 BLOCK D Spouse/DC Income over \$1,000,000* ≚ None \$1-\$200 = = \$201-\$1,000 × \$1,001-\$2,500 ₹ Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 held in taxable accounts None" column. For all other Dividends, interest, and ≨ × \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 Over \$5,000,000 × ≚ Spouse/DC Income over \$1,000,000*

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name RAY H.J SANDMAN

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SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

				•	No.	N/6		Examples: Civil War Raundtable (Oct 2)	ABC Trade Association, Baltimore, MD (July 15)	Source (include date of receipt for honoraria)	
							Spouse Salary	Spouse Speech	Honorarium	Туре	
							N/A	\$20,000 \$0	\$0	o Filling	Am
							N/A	\$1,000	\$500	Prec	Amount

SCHEDULE D - LIABILITIES

Name:
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and exceeded \$10,000. liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period *Column K is for liabilities held solely by your spouse or dependent child.

	 			SP. DC, JT		
			Example			
			First Bank of Wilmington, DE	Creditor (In		
			5/98	Date Liability Incurred MO/YR		ļ
			Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	Φ.	
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				Over \$50,000,000	۷	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employses report positions held in the current calendar year and two previous years.

Position	Name of Organization
	NUV

SCHEDULE F - AGREEMENTS

Name: SAY H. T SANDARA Page ___ of ___

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

		71.	Date Parties to Agreement	
			Terms of Agreement	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clier customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by th government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

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Source (Name and City/State)	and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	0	

Name: KAV H. T. SALLMALL Page_____ of

		W	Ŋ	1				NOTE NUMBER
	NO Debts= House a pail of also cars=	V.A. Disability = \$136 \$ per month =	SOCIAL SECURITY# 1891% PER month	Pension is 1400° A month (PERA)	Benefit .	Rension and Social Security & VA. Disability	The only income & have is ghow my	NOTES

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

The Honorable Karen L. Haas, Clerk
Office of the Clerk, U.S. House of Representatives
Legislative Resource Center
135 Cannon House Office Building
Washington, DC 20515-6601

LEGISLATIVE RESOURCE CERTES
18 APR 18 PH 1: 29

Indicate Your Status: (Select One)

Dear Madam Clerk:

Over \$5,000 Threshold Not This is to notify you that I have not yet raised (either through contributions or loans from myself or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.

I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial Disclosure Statement with the Clerk of the House of Representatives according to the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy of which has been provided to me by the Clerk.

	Withdrawal
L	of Candidacy

This is to notify you that under the laws of the state of	,
I withdrew my candidacy for the U.S. House of Representatives on	•

[Note: If your Financial Disclosure Statement was due **before** the date on which you withdrew from the race, you still must file a Financial Disclosure Statement with the House.]

Name (Please Print or Type): RAY HENRY JOHN SANDMAN

State: Nonvesotia District: 8th

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:
The Clerk, U.S. House of Representatives
Legislative Resource Senter
135 Cannon House Office Building
Washington, DC 20515-660